



Department of Economic and Development Services
Building Division

P.O. Box 1366, Green Cove Springs, FL 32043
Phone: (904) 284-6300
www.claycountygov.com



Change in Occupant Application

Change in Occupant Without Renovation or Name Change Change in Occupant With Renovation
Change in Occupant And Change in Use Medical Marijuana Facility

- 1. Change in Occupant Without Renovation or a Name Change: The Occupant is changing the Owner to a new Owner but Without doing any renovations to the interior or exterior of the property. The business & use stay the same or are similar in nature. (aka Name Change only)
2. Change in Occupant With Renovation/Interior Remodel: This is where the Occupant is being originally developed or changing Owners and interior renovations are required. The business and use stay the same. (requires Interior Build-Out Permit)
3. Change in Use: This occurs where the use of the property is changed from one business to another whereby the new business is similar or more intense of use than the previous occupant of the property or structure (e.g. daycare to restaurant). A change in use shall be evaluated and a determination of development review shall be provided by the Planning and Zoning staff.
4. Medical Marijuana Facility: The facility shall be used as a medical marijuana dispensing facility only.

Property Owner

Name: Phone Number:
Address:
Parcel Number:

Parcel / Business Information

Previous Business Name: New Business Name:
Business Owner's Name/Contact: Electric Meter Number:
Business Address:

Business Phone: Email:

Are you a new business to Clay County: Yes No I am relocating from another count or state\*

If you check yes, would you check the appropriate box to the right:
I am the owner of a new non-franchised business
I am the owner of a new franchised business
I am a new corporate office
I am a new industrial development

\*If you are relocating please tell us from where:

Please describe the Business Activities Proposed:

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**Owner/Applicant Affirmation**

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I hereby affirm that I am either the Owner or Legal Lessee of the aforementioned business or property and that I will be occupying a newly developed or existing commercial development with the same use or similar use as determined by the Clay County Division of Planning and Zoning or that I affirm that I am changing or expanding

the use and/or improving the exterior of the site and am subject to development review requirements set forth in

Article II of the Clay County Land Development Code. I hereby affirm that the information provided is true and accurate. I affirm that if I occupy the space with or without renovation that additional permitting is required and I understand that as a result of plan review, permit issuance, and subsequent inspections, that if it is determined that the proposal is not consistent with the information provided, this application shall be considered null and void. I hereby affirm that approval of this application does not constitute approval for any other permit that may be required by the county or other agency having jurisdiction.

By: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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**OFFICIAL USE**

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Zoning: \_\_\_\_\_ Land Use: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Approved By: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR CHANGE IN USE**

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Approved By: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Type of Development Review Required:

- Minor Development
- Major Development
- Re-occupation w/renovation
- Site Modification
- None

Comments: